



**August 2002**

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## **LATE BREAKING NEWS**

Greetings!

As many of you may already know, CAP is very sad to announce the departure of our **wonderful** TA Coordinator, Audrey Smolkin. Audrey sends her deepest appreciation for all of the emails and phone calls and assures folks that she will miss you all as well and will send news of the baby and her new world.

I'd like to introduce myself as the newest CAP staff member. My name is Diana Der Koorkanian and I'm a current Masters student at the Johns Hopkins School of Public Health completing my health policy fieldwork with CAP. I look forward to learning from and working with you all this year! In addition to writing CAPStone, I'll be heading up the new Patient Visit Redesign TA Initiative and doing some program management work.

**TA REQUESTS:** As we mentioned at the conference, CAP has significantly added to our TA resources. For general requests, please submit your TA forms via email to Sherilyn Adams ([sadams@hrsa.gov](mailto:sadams@hrsa.gov)), who will be the interim TA Coordinator. For your convenience, a TA Request Form is attached and Sherilyn can be reached at 301-594-0819. Many grantees have found these funds useful for traveling to learn from other communities, bringing in consultants on pharmacy, business planning or other TA-related needs.

**NEW GRANTEES:** We are just completing the process of funding an additional group of new CAP communities throughout the country. They will be joining the CAP family in September 2002!

**PEER TO PEER TA REQUEST:** A request for Peer to Peer technical assistance has come in from Western Maryland Health System. This CAP community is looking for someone who would be willing to share their knowledge and experience regarding the disease management implementation process with their two nurses who are doing care coordination for uninsured adults with diabetes, depression, hypertension, and respiratory disease or identified as high risk. If there is a CAP program that has been involved in the CHC diabetes collaborative or similar program, they might be a good match. If any fellow CAP community can offer assistance please contact: Nancy Forlifer of Western Maryland Health System at [nforlifer@wmhs.com](mailto:nforlifer@wmhs.com).

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**SIX MONTH PROJECT UPDATES:** Six Month Project Updates for the reporting period of September 2001 through February 2002 were to be sent to [capcentraloffice@hrsa.gov](mailto:capcentraloffice@hrsa.gov) and your Field Project Officer by **July 31, 2002**. Please submit parts A and B of the project update along with an updated logic model if you have not already done so. Please note that submissions to any other email address will not be accepted. The next Six Month Project Update, (reporting period of March 1, 2002 through August 31, 2002) will be due by October 31, 2002.

**PRIMARY CONTACTS:** CAP maintains one list of primary contacts per each grantee community. PLEASE make sure this list includes your best primary contact by going to [www.capcommunity.hrsa.gov](http://www.capcommunity.hrsa.gov) clicking on forms, and updating the information for your grant. We will be sending out a great deal of policy and grant-related information to that one contact person only, so please select a person that will share the materials throughout the grantee community quickly and effectively. The CAP website is now password protected. Grantees may contact their primary contact to receive the password.

Thanks!  
Diana

## CAP TA CALLS

### Technical Assistance Calls

Technical assistance calls for grantees during August and September of 2002 will continue to be held every other Tuesday from 2 to 3 PM EST. The schedule for August appears below. To register, search for summaries or materials from prior calls, and download materials for upcoming calls, please go to the CAP website: [www.capcommunity.hrsa.gov](http://www.capcommunity.hrsa.gov). Please remember that the site is password protected. Grantees should contact their primary contact to receive the password. Once you register for the call, please be sure to download the materials that will be used during the call. You should immediately receive a confirmation note by email that includes the call-in number for the call. If you have difficulty registering or do not receive the call-in number, please contact [scampbell@mac1988.com](mailto:scampbell@mac1988.com) or call 301-468-6006 x437.

#### CAP TA Calls

Date	Topic
August 6	<b>Patient Visit Redesign</b> This call will focus on Patient Visit Redesign, a method of improving the way you deliver care to your patients. Redesign creates a more patient-focused visit process that can reduce waiting times, increase health center efficiency and productivity and improve staff and customer satisfaction. The call is the kickoff of the new CAP Redesign Initiative and is critical for those planning to apply for additional redesign funds. The application for the initiative will be downloadable along with other materials for the upcoming call.
August 20	<b>Measuring Health Status Part I</b> This will be part one of a two-part series focusing on the measurement of patient health status. The call will be led by Teresa Brown, CAP Evaluation Coordinator, who will be joined by Health Care Central Georgia (HCCG, Macon, GA). Information will be shared about HCCG's measurement tool, methodology, and challenges they have faced in collecting and analyzing health status data.

With the exception of calls related to legal issues, many TA calls are summarized and posted on the CAP website ([www.capcommunity.hrsa.gov](http://www.capcommunity.hrsa.gov)). Legal issue briefs are posted on the site under legal issues and require a password, which may be obtained by emailing Sherilyn Adams ([sadams@hrsa.gov](mailto:sadams@hrsa.gov)). You may also request an audiotape copy of any previous calls (up to one month after the call) by contacting Shandy Campbell at the email above.

## GRANT OPPORTUNITIES AND AWARDS

### **Proposals Invited for Substance Abuse Policy Research Program**

*Deadline for Letter of Intent: August 22, 2002*

The Substance Abuse Policy Research Program (SAPRP), supported by the Robert Wood Johnson Foundation, is requesting proposals to produce policy-relevant information about ways to reduce the harm caused by the use of tobacco, alcohol, and illicit drugs in the United States.

Funded projects are expected to increase understanding of public and private policy interventions to reduce the harm caused by the use of tobacco, alcohol, and illicit drugs -- including the advantages, disadvantages, and potential impact of these policies. Information on all SAPRP-supported projects is available on the program's Website <http://www.saprp.org/>. For complete program guidelines and application information, see the SAPRP Web site. RFP Link: <http://www.saprp.org/ProgramInformation/2002targetedCFP.pdf>

### **Grants Available from VIH Linking Medical and Dental Communities**

*Deadline for Letter of Intent - August 9, 2002*

*Deadline for Proposal - September 13, 2002*

Volunteers in Healthcare (VIH), a Robert Wood Johnson-supported organization, is issuing a call for proposals for the creation of projects which enhance care for uninsured/underserved patients by developing cooperative relationships between dental and medical clinicians. This RFP is open to non-profit organizations, government agencies, medical or dental societies, and medical or dental schools.

One year grants of up to \$30,000 will be awarded, with a 50% match required. VIH funding will support the costs of designing, planning and implementing innovative programs to link medical and dental care. Funds may be used to identify partners, bring partners together (e.g. meeting costs), recruit/retain physicians and/or dentists, pay for administrative staff time and equipment, and evaluate progress. See <http://www.volunteersinhealthcare.org/funding.htm> for more information.

### **CDC Funding to Develop National Violent Death Reporting System**

*Deadline: August 19, 2002*

The Centers for Disease Control and Prevention (CDC) announced the availability of funding for a cooperative agreement for the development of the National Violent Death Reporting System (NVDRS). The NVDRS will generate public health surveillance information at the national, state and local levels that is more detailed and timely than information currently available. Approximately \$1.2 million is available to fund five awards. Additional optional funding of approximately \$100,000 is available to fund up to five states to pilot test the child fatality review module of NVDRS.

Additional information is available on the Federal Register website at [http://www.access.gpo.gov/su\\_docs/fedreg/a020705c.html](http://www.access.gpo.gov/su_docs/fedreg/a020705c.html). The grant announcement will be posted shortly on the CDC funding web page at <http://www.cdc.gov/od/pgo/funding/grantmain.htm#VIO>.

## CONFERENCES, PROGRAMS, AND OTHER NEWS

### **Sierra Health Foundation Conference** *September 23-25, 2002*

“Building Community to Improve Health” will examine the role of community building in health improvement. Community builders from around the country will share insights, evidence

and case studies on the opportunities and challenges of community building. Over 30 working sessions and networking opportunities. For more information on the conference, visit [www.sierrahealth.org](http://www.sierrahealth.org) or call i.e. communications, LLC at (415) 616-3930.

## REPORTS AND ISSUE BRIEFS

### **2001 National Health Interview Survey**

The National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC) has presented the 4th Early Release of timely data from the National Health Interview Survey (NHIS). The release provides estimates for 12 selected health measures based on new data from the full year 2001 NHIS, with comparisons to estimates from the NHIS back to 1997. For this release, a new measure, personal care needs or activities of daily living (ADL) has been added. The 12 Early Release measures are being published prior to final data editing and weighting to provide improved access to the most recent information from the NHIS.

The 12 measures included are: health insurance coverage (including type of coverage), usual place to go for medical care, obtaining needed medical care, influenza vaccination, pneumococcal vaccination, obesity, leisure-time physical activity, current smoking, alcohol consumption, HIV testing, general health status, and personal care needs. The complete release is available online at:  
<http://www.cdc.gov/nchs/about/major/nhis/released200207.htm>

### **Health Plans Urged to Collect Data on Health Care Disparities**

A new report from The Commonwealth Fund finds that, despite legal and practical concerns, health plans can and should collect data on disparities in quality of care for racial and ethnic minority groups. The study, which reports the results of a demonstration project including eight managed care plans, stresses the

importance of racial and ethnic data collection as the key to improving quality and eliminating disparities in care. Plans are currently not required to do so. Analysis of the health plan data revealed that disparities in care often existed between racial and ethnic groups, although minority patients sometimes received higher quality of care than whites, including in some Medicaid plans. To read, order, or download the report, *Developing a Health Plan Report Card on Quality of Care for Minority Populations*, please go to:  
<http://www.cmwf.org/publist/publist2.asp?CategoryID=11>).

### **ASTHO Releases Issue Brief on Oral Health and Chronic Disease**

ASTHO has announced the release of a new Access Brief entitled "The Oral Health and Chronic Disease Connection" which was produced in collaboration with the Association of State and Territorial Dental Directors. This brief provides an overview of the relationship between oral health and chronic disease, focusing on diabetes, heart disease, osteoporosis, and obesity, and highlights examples of innovative state programs addressing oral health and chronic disease. This is the second in a series of briefs addressing oral health and the role of state public health agencies. It will be circulated in print and posted to the ASTHO web site soon at <http://www.astho.org/>.

### **Kaiser Commission Profile of Health Centers Serving a Higher Proportion of Uninsured Patients**

A Profile of Federally Funded Health Centers Serving a Higher Proportion of Uninsured

Patients is now available online. This report examines the characteristics of health centers that serve an unusually high rate of uninsured patients. It explores what external factors influence uninsured patients to seek care at these centers and assesses the impact of a disproportionately high volume of uninsured patients on these centers' finances and operations. To read the report, log onto <http://www.kff.org/content/2002/4033/>.

### **NGA Report: States Maximize Internet Technology in SCHIP and Medicaid**

States are maximizing new technology and the Internet to improve enrollment in the State Children's Health Insurance Program (SCHIP) and Medicaid. Since passage of the program in 1997, states have tried to make navigation of SCHIP as simple as possible, treating enrollees and their families as customers. Most SCHIP programs use joint applications for Medicaid and SCHIP enrollment as well as annual re-determination, and have eliminated asset tests and face-to-face interviews from the application process. States have further improved the enrollment process by using technology with the

goals of reducing program enrollment time, increasing access for applicants, and centralizing social service applications in state government. For the full report, please access: [http://www.nga.org/center/divisions/1,1188,C\\_ISSUE\\_BRIEF^D\\_3840,00.html](http://www.nga.org/center/divisions/1,1188,C_ISSUE_BRIEF^D_3840,00.html)

### **National Survey of Early Childhood Health 2000 Data Available**

About 93 percent of children 4-35 months of age have health insurance, according to "Summary Statistics From the National Survey of Early Childhood Health, 2000." The survey, conducted by the National Center for Health Statistics, is designed to improve the understanding of household experiences with pediatric preventive care and the ways in which families promote their children's health in the home. It reports on selected measures for children 4-35 months of age, including usual source of care, parental perceptions of pediatric care, interactions with health care providers, family activities, home safety, parental and child health, financial welfare, and barriers to care. The report is available at [http://www.cdc.gov/nchs/data series/sr\\_15/sr15\\_003.pdf](http://www.cdc.gov/nchs/data series/sr_15/sr15_003.pdf).

## **WEB RESOURCES**

### **CDC Releases Recommendations for Childhood Lead Poisoning**

The Centers for Disease Control and Prevention's (CDC) Advisory Committee on Childhood Lead Poisoning Prevention has released "Managing Elevated Blood Lead Levels Among Young Children," a collection of recommendations intended to aid in the management of children with elevated blood levels due to lead poisoning.

The recommendations are written to assist those who provide case management for children with elevated blood lead levels and for health department staff who oversee case management follow-up. The recommendations are available at <http://www.cdc.gov/nceh/lead/CaseManagement/managingEBLLs.pdf>.

### **Kaiser Family Foundation Adds New Data to State Health Facts Online**

State Health Facts Online, an Internet resource from the Kaiser Family Foundation, recently announced the addition of new state-by-state data on nearly 50 topics. The web site has been updated with current data for all 50 states on topics including: Section 1115 demonstrations for Medicaid and CHIP; State Tax Revenue Per Capita; HMO Penetration; Death rates for: All causes, Heart Disease, Cancer, Stroke, Diabetes, Firearms, all by race/ethnicity and gender, Emergency Room Visits; and New AIDS Cases. A complete list of updated items is available at <http://www.statehealthfacts.kff.org/newtopics>.